

## 2012 Medicare Advantage plans in Washington state

Data as of Oct. 6, 2011.

Does not include PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series).

Plans under sanction by Medicare are not shown.

\* Indicates this type of plan does not offer Part D drug coverage.

**For the most current information, contact the plan directly or go to [www.medicare.gov](http://www.medicare.gov) and click on "Compare Drug and Health Plans."**

County	Organization Name	Plan Name	Type of Medicare Health Plan	Contract ID	Plan ID	Monthly Consolidated Premium (Includes Part C + D)	Part C Premium Only (Only use this when calculate LIS recipients premium)	Part D Premium Obligation with Full LIS	Annual Drug Deductible	Drug Benefit Type	Type of Additional Coverage Offered in the Gap	In-Network Office Visit/ Specialist Visit	Additional Benefits	In-network MOOP Amount **
Whatcom	Community HealthFirst Medicare Advantage Plan 1-800-944-1247 TTY/TDD: 1-866-816-2479	Community HealthFirst MA Enhanced Pharmacy Plan (HMO)	Local HMO	H5826	012	\$79.00	\$31.10	\$21.30	\$0	Enhanced	Many Generics	\$0/\$25	D, V	\$2,300
Whatcom	<a href="http://www.healthfirst.chpw.org">www.healthfirst.chpw.org</a>	Community HealthFirst MA Pharmacy Plan (HMO)	Local HMO	H5826	009	\$49.00	\$22.10	\$0.00	\$0	Enhanced	No Gap Coverage	\$0/\$25	D, V	\$2,800
Whatcom	Essence Healthcare 1-877-392-3849 1-866-597-9561(TTY/TDD) <a href="http://www.essencehealthcare.com">www.essencehealthcare.com</a>	Essence Advantage (HMO)	Local HMO	H1837	002	\$49.00	\$31.10	\$0.00	\$150	Basic	No Gap Coverage	\$15/\$45	D, V, H	\$3,400
Whatcom	Group Health Cooperative 1-800-446-8882 ext. 100 <a href="http://www.ghc.org">www.ghc.org</a>	Group Health Cooperative Clear Care Basic (HMO)	Local HMO *	H5050	001	\$35.00				No Drugs		\$10/\$35	D, V, H	\$2,500
Whatcom		Group Health Cooperative Clear Care Essential (HMO)	Local HMO	H5050	009	\$118.00	\$92.70	\$0.00	\$320	Basic	No Gap Coverage	\$10/\$35	D, V, H	\$2,500
Whatcom		Group Health Cooperative Clear Care Optimal (HMO)	Local HMO	H5050	004	\$212.00	\$180.70	\$0.00	\$0	Enhanced	No Gap Coverage	\$10/\$25	D, V, H	\$1,000
Whatcom		Group Health Cooperative Clear Care Vital (HMO)	Local HMO	H5050	013	\$19.00	\$18.90	\$0.00	\$320	Basic	No Gap Coverage	\$20/\$45	D, V, H	\$3,200

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Whatcom	Humana Insurance Company 1-800-372-2147 www.humana-medicare.com	Humana Gold Choice H8145-097 (PFFS)	PFFS *	H8145	097	\$0.00				No Drugs		20%/20%	D, V	\$4,500
Whatcom		Humana Gold Choice H8145-109 (PFFS)	PFFS	H8145	109	\$92.00	\$57.60	\$7.50	\$0	Enhanced	Few Generics and Few Brands	\$15/\$35	D, V	\$3,400
Whatcom		HumanaChoice H6609-013 (PPO)	Local PPO	H6609	013	\$59.00	\$23.00	\$0.00	\$0	Enhanced	Few Generics and Few Brands	\$10/\$40	D, V	\$2,900
Whatcom	Regence BlueShield 1-800-505-6765 www.regence.com/medicare	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	H5009	002	\$119.00	\$81.10	\$1.40	\$200	Basic	No Gap Coverage	\$15/\$40	D, V	\$3,400
Whatcom		Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	H5009	004	\$211.00	\$132.80	\$41.70	\$0	Enhanced	Many Generics	\$10/\$30	D, V	\$2,800
Whatcom		Regence MedAdvantage Basic (PPO)	Local PPO *	H5009	001	\$79.00				No Drugs		\$15/\$40	D, V	\$3,400
Whatcom	Soundpath Health 1-866-789-7747 TTY/TDD: 1-866-264-4141 www.soundpathhealth.com	Soundpath Health Alpine (HMO)	Local HMO *	H9302	004	\$49.00				No Drugs		\$10/\$30	D, V, H	\$2,250
Whatcom		Soundpath Health Apex + Rx (HMO)	Local HMO	H9302	001	\$169.00	\$83.10	\$49.40	\$0	Enhanced	Many Generics	\$5/\$15	D, V, H	\$1,400
Whatcom		Soundpath Health Ascent (HMO)	Local HMO *	H9302	009	\$0.00				No Drugs		\$10/\$30	D, V, H	\$3,400
Whatcom		Soundpath Health Charter + Rx (HMO)	Local HMO	H9302	003	\$94.00	\$32.70	\$28.50	\$0	Enhanced	Many Generics	\$10/\$30	D, V, H	\$2,250
Whatcom		Soundpath Health Pinnacle + Rx (HMO)	Local HMO	H9302	010	\$21.00	\$13.90	\$0.00	\$320	Enhanced	No Gap Coverage	\$15/\$40	D, V, H	\$3,400

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Whatcom	Sterling Life Insurance Company 1-877-906-0926 www.sterlinghealth.com/products/medicare-advantage	WindsorSterling Emerald Connect Plan (PFFS)	PFFS	H3410	004	\$28.50	\$0.00	\$0.00	\$150	Basic	No Gap Coverage	\$20/\$35	D, V, H	\$6,700
Whatcom		WindsorSterling Gold Connect Plan (PFFS)	PFFS	H3410	003	\$59.00	\$35.50	\$0.00	\$50	Basic	No Gap Coverage	\$10/\$30	D, V, H	\$4,000
Whatcom		WindsorSterling Gold Plus Plan (PPO)	Local PPO	H8558	012	\$75.00	\$47.80	\$0.00	\$0	Basic	No Gap Coverage	\$10/\$30	D, V, H	\$4,000
Whatcom		WindsorSterling Silver Connect Plan (PFFS)	PFFS *	H3410	002	\$30.00				No Drugs		\$10/\$30	D, V, H	\$4,000
Whatcom	UnitedHealthcare 1-800-850-8197 www.uhcmedicareolutions.com	AARP MedicareComplete Plus (HMO-POS)	Local HMO	H1286	008	\$0.00	\$0.00	\$0.00	\$0	Enhanced	No Gap Coverage	\$10/\$35	D, V, H	\$4,250

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### Key to types of Medicare Advantage plans

**Local HMO:** A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

**Local PPO:** A Preferred Provider Organization available in certain counties only. In most PPOs, you pay less if you use doctors or hospitals, and other providers that belong to the network. For an added cost, you can use out-of-network doctors, hospitals, and other providers.

**PFFS:** A Private Fee-for-Service Plan. In a PFFS, you can go to any Medicare-approved doctor or hospital that accepts the plan's payment. When you need care, always check with your doctor to see if he or she participates in the plan.

**HMO-POS:** An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

### Key to Drug Benefit Type

**Basic:** These plans offer basic coverage with standard deductible, copays, and coverage gap.

**Enhanced:** These plans may have higher monthly premiums than basic plans and may offer added benefits, such as no deductible, lower copayments, or some coverage during the coverage gap.

### Key to Abbreviations

**D:** Some dental coverage

**H:** Some hearing coverage

**V:** Some visual coverage

**MOOP:** Maximum Out of Pocket

### Need help?

For consumer tips before you buy a Medicare Advantage plan, call our Insurance Consumer Hotline at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.

You can also read more about Medicare Advantage plans at: [www.insurance.wa.gov/consumers/medicare/index.shtml](http://www.insurance.wa.gov/consumers/medicare/index.shtml)